

March 18, 2013

To All Kaiser Permanente Members:

We consider it a privilege to be your health plan. Our goal is to meet or exceed our members' expectations, and it also is our responsibility to be accountable when we find areas where we need to improve.

The California Department of Managed Health Care (DMHC) conducted a scheduled examination of our mental health services. The DMHC did not identify problems with the quality of the mental health care that our professionals provide to our members, nor with the ability of our members to obtain urgent or emergency mental health care. Providing mental health care is part of our mission to take care of our members' total health, and we will continue to work every day to provide the wide range of excellent care and services our members need.

The DMHC survey did identify some areas where our non-urgent appointment wait times and data tracking must improve:

- Some members had to wait longer than 14 days for their first, non-urgent mental health appointment. When reviewing the number of days between a member's request for non-urgent mental health services, and the date first seen by a provider, some members in a limited number of locations waited longer than they should have – by our own standards and by recently designed regulations governing this time frame.
- The way we previously tracked appointment wait times did not provide enough information to alert us to delays in obtaining non-urgent appointments. We found that the method previously agreed to by Kaiser Permanente and the DMHC did not provide adequate warning of delays for members seeking their initial non-urgent mental health appointment. We agree with the DMHC that we need to improve our monitoring of wait times for these appointments. We expect that the data used for monitoring wait times will evolve over time and we will also continue to work with the DMHC in this process.

We respect the DMHC and their survey process, and we take these findings seriously. We want you to hear about the actions we are taking to make improvements, directly from us.

The DMHC's findings matched our own investigation. We had a full and frank discussion with the department during the survey, and we provided information about how we were already working to reduce wait times for non-urgent mental health appointments.

Improvements being made

We care about our members, and we pledge to improve. We have made the following improvements – we are making progress, and there is still more work to do:

- Since the beginning of 2012, we have increased the number of new appointments in many locations. We have hired new providers, and are recruiting for more.
- We also are working with our psychologists and social workers, and the union that represents them (the National Union of Healthcare Workers, or NUHW), to develop additional solutions to improving wait times for our members.
- We are now using more detailed information to monitor and measure wait times for mental health services across all of our locations in California. We have created teams as part of our internal Quality Oversight organization that regularly review data, recommend changes when needed, and will intervene if necessary.
- The report also identified a limited number of informational materials describing our mental health services that were outdated or incomplete. We have updated all materials to provide accurate, up-to-date information for our members and patients.

About Kaiser Permanente mental health services


We are fortunate to have such skilled and dedicated mental health professionals, including physicians, nurses, psychologists, clinical social workers, and marriage and family therapists, who are working every day to provide a wide range of high-quality care and services for our members. In 2012, we provided 2.9 million mental health visits to our patients and members.

We are always looking for ways to offer the best possible mental health care and treatment available. To achieve the best outcome for each patient, we use a range of approaches and types of treatments (intensive outpatient, inpatient, group and individual), based on the latest medical evidence and appropriate therapies.

Kaiser Permanente is dedicated to continuous learning and continuous improvement. As we make changes and improve and enhance our mental health services, we will continue to actively solicit and use our members' input and suggestions through patient satisfaction surveys and other communications with our members, customers, employees and physicians.

Thank you for your understanding and support as we work together with our professional staff, members, and with the DMHC, to continue to improve and enhance our mental health services.

Sincerely,



Gregory A. Adams, President
Northern California Region
Kaiser Foundation Health Plan, Inc.



Benjamin Chu, MD, President
Southern California Region
Kaiser Foundation Health Plan, Inc.

FACTUAL CORRECTIONS TO DMHC REPORT:

On pages 6-7, the report references both Northern and Southern California appointment systems when in fact, this finding only applied to Northern California.

On page 11, the report states that Northern California data review began in September 2012. In fact, review of report #3 began in August 2012, report #2 began in November 2012 and report #1 began in December 2012.

On page 19, the report states that differences in utilization rates may be partially attributed to different treatment approaches between the Northern and Southern California regions. This is not accurate, as the same treatment approaches are used in both Northern and Southern California.

Also on page 19, the report erroneously implies that the 14-day appointment limit previously built into the Northern California booking system in some locations applied to appointments beyond the initial appointment. That limit (now removed) only applied to the initial appointment, not subsequent appointments.